

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 22 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

47947

1. PLACE OF DEATH

County New Madrid
 Township Como
 City Risco (No. _____)

Registration District No. 605Primary Registration District No. 4359

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

Length of residence in city or town where death occurred

yrs. _____

mos. _____

ds. _____

How long in U. S., if of foreign birth?

yrs. _____

mos. _____

ds. _____

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

✓

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Mar. 8 - 1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓10. Date deceased last worked at this occupation (month and year) ✓11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Risco Mo.

FATHER

13. NAME

Raymond W. Patterson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ironton Mo.

MOTHER

15. MAIDEN NAME

Vallie Minter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Glen Allen Mo.

17. INFORMANT (ADDRESS)

R. W. Patterson
Risco Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Malden Mo.DATE 3-9-36

19. UNDERTAKER (ADDRESS)

R. W. Patterson
Risco Mo.

20. FILED

3/9-1936Dr. C. W. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Mar. 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Mar. 8, 1936, to Mar. 8, 1936I last saw him alive on Mar. 8, 1936 Death is saidto have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Still born - Branch
with and down all day
continued Long & slow

Date of onset

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify

(Signed) Raymond Patterson, M.D.(Address) Malden

